

STATEMENT OF ECONOMIC INTERESTS RECEIVED TO STATEMENT OF ECONOMIC INTERESTS RECEIVED TO STATE RECEIVED TO STATEMENT OF ECONOMIC INTERESTS RECEIVED TO STATEMENT USE ONLY FAIR POLITICAL PRACTICES COMMISSION

A Public Document

2012 MAY 25 AM 8: 26

Please type or print in ink.			
NAME OF FILER (LAST)	(FIRST)		(MIDDLE)
Chiang	John		
1. Office, Agency, or Court	AUSTRALIA MARKATAN AUSTRALIA AUSTRALIA AUSTRALIA AUSTRALIA AUSTRALIA AUSTRALIA AUSTRALIA AUSTRALIA AUSTRALIA A		p 1
Agency Name	1.0		
California State Controller's Office		•	
Division, Board, Department, District, if applicable	Your Position		
	California	State Controlle	r
▶ If filing for multiple positions, list below or on an attachment.			
Agency:	Position		
	T OSIGOTI.		
2. Jurisdiction of Office (Check at least one box)			
⊠ State	∐ Judge (Statev —		
Multi-County	County of		
City of	Other		
3. Type of Statement (Check at least one box)			
Annual: The period covered is January 1, 2010, through Dece 2010.	ember 31, Leaving Offi (Check one)	ce: Date Left	
The period covered is/, through Dece 2010.	mber 31, O The period leaving of		ry 1, 2010, through the date of
Assuming Office: Date/	The perio of leaving		, through the date
☐ Candidate: Election Year Office sou	ht, if different than Part 1:		
1. Schedule Summary		**************************************	
Check applicable schedules or "None."	► Total number of pages	including this co	ver page:2
Schedule A-1 - Investments - schedule attached	Schedule C - Incor	ne, Loans, & Busine	ess Positions - schedule attached
Schedule A-2 - Investments - schedule attached	Schedule D - Incom	ne – Gifts – schedu	ile attached
Schedule B - Real Property – schedule attached	Schedule E - Incon	ne – Gifts – Travel	Payments - schedule attached
-10-			
None - No reportab	le interests on any schedule		
. Verification			
	CITY	STATE	ZIP CODE
(Business or Agency Address Recommended - Public Document) 777 South Figueroa Street, Suite 4800	os Angeles	CA	90017
DAYTIME TELEPHONE NUMBER	E-MAIL ADDRESS	- OA	30017
(213)833-6010			
I have used all reasonable diligence in preparing this statement. I have herein and in any attached schedules is true and complete. I ackno			owledge the information contained
I certify under penalty of perjury under the laws of the State of	California that the foregoing is	true and correct.	_
Date Signed 5/21/12 (month, day, year)	Signature		t with your filing official.)
e (mount, bay, year)			war you may omers.

RECEIVED FAIR POLITICAL PRACTICES COMMISSION SCHEDULE E

2012 MAY 25 AM 8: 27 come - Gifts Travel Payments, Advances, and Reimbursements



 Reminder – you must mark the gift or income b 	•	Reminder –	you	must	mark	the	aift (or	income	bo
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- · You are not required to report income from government agencies.
- You may mark the box 501(c)(3) for a travel payment received from a nonprofit 501(c)(3) organization. When the payment is a gift it is reportable but is not subject to the \$420 gift limit.

► NAME OF SOURCE	▶ NAME OF SOURCE
RFK Compass Conference	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
1367 Connecticut Ave. Suite 200	
CITY AND STATE	CITY AND STATE
Washington, D.C. 20036	
BUSINESS ACTIVITY, IF ANY, OF SOURCE X 501 (c)(3)	BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
Nonprofit Public Policy	[] 301 (c)(3)
DATE(S): 06 / 28 / 11 - 06 / 30 / 11 AMT: \$ \$1568.27	DATE(S):// AMT: \$
(If applicable)	(If applicable)
TYPE OF PAYMENT: (must check one) X Gift Income	TYPE OF PAYMENT: (must check one) Gift Income
, 2	TYPE OF PAYMENT: (must check one) Gift Income
DESCRIPTION: Attended/spoke at the RFK Compass	DESCRIPTION:
Conf. Airfare: \$789.33, Lodging: \$323.94	
Meals: \$455.00 - Total: \$1568.27	
NAME OF SOURCE	Verification
	Print Name John Chiang
ADDRESS (Business Address Acceptable)	Print Name John Ornang
	Office, Agency
CITY AND STATE	or Court California State Controller
	Statement Type X 2010/2011 Annual Assuming Leaving
BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)	Annual Candidate
	I have used all reasonable diligence in preparing this statement. I have
	reviewed this statement and to the best of my knowledge the information
DATE(S):// AMT: \$	contained herein and in any attached schedules is true and complete.
(If applicable)	I certify under penalty of perjury under the laws of the State of
TYPE OF PAYMENT: (must check one) Gift Income	California that the foregoing is true and correct.
(mast shock one)	Date Signed (month, day, year)
DESCRIPTION:	(month, day, year)
	Signature
Comments: This page was inadvertently omitted from the o	original Statement of Economic Interest Form 700 submitted
on February 29, 2012.	Catternoine of Economic interest Form 700 submitted
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